

# SENATE BILL REPORT

## SB 6558

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As Reported by Senate Committee On:  
Ways & Means, February 11, 2014

**Title:** An act relating to intensive home and community-based mental health services for medicaid-eligible children.

**Brief Description:** Concerning intensive home and community-based mental health services for medicaid-eligible children.

**Sponsors:** Senators O'Ban and Darneille.

**Brief History:**

**Committee Activity:** Ways & Means: 2/10/14, 2/11/14 [DPS, w/oRec].

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### SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** That Substitute Senate Bill No. 6558 be substituted therefor, and the substitute bill do pass.

Signed by Senators Hill, Chair; Baumgartner, Vice Chair; Honeyford, Capital Budget Chair; Hargrove, Ranking Member; Keiser, Assistant Ranking Member on the Capital Budget; Ranker, Assistant Ranking Member on the Operating Budget; Bailey, Becker, Billig, Braun, Conway, Dammeier, Fraser, Frockt, Hasegawa, Hatfield, Hewitt, Kohl-Welles, Parlette, Rivers, Schoesler and Tom.

**Minority Report:** That it be referred without recommendation.

Signed by Senator Padden.

**Staff:** Carma Matti-Jackson (786-7454)

**Background:** Through the Division of Behavioral Health and Recovery, the Department of Social and Health Services (DSHS) administers mental health services for approximately 46,000 Medicaid-eligible children each year.

In 2008 wraparound pilots were established in Washington State to serve children with significant and complex mental health needs who were at high risk of being placed in the state psychiatric hospital, a correctional placement, or another out-of-home residential placement.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

Wraparound is an outcome-based model to deliver services to children and youth with complex mental health needs by utilizing a team-based collaborative process for developing and implementing an individualized care plan. The team includes individuals who are relevant to the wellbeing of the child such as family members, service providers, teachers, friends, community members, and representatives from all involved agencies. Services include programs and practices which are evidence based and are predominately provided in the child's home and the community rather than in an office setting. An individualized wraparound plan often includes treatment through purposeful community-based activities and interpersonal supports along with formal services and interventions.

On November 24, 2009, the *TR et al. v. Dreyfus* federal class action lawsuit was filed claiming Washington State was not providing sufficient intensive mental health services in the community. A settlement agreement was approved on December 19, 2013, and included a requirement for the state to increase Wraparound with Intensive Services (WISe) as a statewide delivery model for intensive home and community-based services.

**Summary of Bill (Recommended Substitute):** The existing statutory requirement for DSHS to provide children's wraparound pilot programs is replaced with a requirement to implement a statewide WISe Medicaid program. Implementation begins July 1, 2014, and phases in as rapidly as feasible and according to infrastructure availability and provider readiness.

Entities that may refer a child to WISe include, but are not limited to, a self-referral from the child or the child's family, regional support networks, mental health and medical providers, tribes, the Health Care Authority, DSHS, county juvenile courts, schools, and law enforcement.

DSHS must track, monitor, and report on client outcomes.

During the implementation, DSHS must provide implementation reports to the Office of Financial Management and the Legislature on or before December 1 each year.

Throughout the implementation process, DSHS must seek input from local stakeholders on core service availability within each provider network; performance and outcome measures; and recommendations for participants in a local collaborative body to ensure there is a clear pathway to local wraparound services.

Funds that were previously provided to the wraparound pilot programs are repurposed to be used toward the costs of implementing the statewide wraparound program. Areas where pilot programs were previously established are prioritized on the schedule for the statewide implementation.

**EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Recommended Substitute):** Language is added to clarify the group of children which will be served by the WISe Medicaid program. The appropriations are removed.

**Appropriation:** None.

**Fiscal Note:** Requested on February 5, 2014.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill:** PRO: We support increasing access to coordination of services for children who have the most intensive needs. We want to be careful that the bill language aligns with the obligations that the state has taken in the TR lawsuit settlement agreement.

**Persons Testifying:** PRO: David Lord, Disability Rights WA; Jane Beyer, DSHS.